

Human Resources Division 500 Castro Street, P.O. Box 7540 Mountain View, CA 94039-7540 FAX 650-962-8505

www.mountainview.gov

EMPLOYMENT APPLICATION

PLEASE NOTE:

Reason for leaving HR-38a (04-05-16)

- 1. A separate application is required for each position.
- 2. Applications must be typed or printed in blue or black ink. Incomplete or illegible applications will not be considered.
- 3. Keep the Human Resources Division informed of any changes to your contact information.

POSITION		
Position applied for		
Learned of this job opening through		
BASIC INFORMATION	☐ Mr.	☐ Ms.
Last Name	First Name	Middle Name
E-Mail		
Address	City	State Zip Code
Are you over 18 years of age? \square Yes \square No \square If	under 18, can you, after employme	ent, submit a work permit? 🗌 Yes 💢 No
Primary Phone ()	Secondary Phone (_)
Driver's License	Driver's License State	Driver's License Class
Are you eligible to work in the United States? \Box	∕es □ No	
Have you ever been employed by the City of Mou	ntain View? ☐ Yes ☐ No	
Are you related to anyone employed by the City o		
If YES, provide name and relationship		
ii 126, provide name and relationship		
EDUCATION		
Highest Education: \square Some High School \square High	n School 🔲 GED 🔲 Some College	e 🗆 College 🗆 Post Graduate
High School/GED Attended	· ·	ŭ
		Major
•		(s) completed
	,	Course of study completed
	·	al skills, or other relevant information
Clerical Skills: Typing WPM Compute	er/other office equipment	
WORK EXPERIENCE Begin with your current or most recent experience sure you fill out the application completely. RESUCOMPLETING THIS SECTION.	e. Please attach any supplementa JMÉS MAY BE ATTACHED BUT	l information you think might be useful. However, be WILL NOT BE ACCEPTABLE AS A SUBSTITUTE FOR
Start Date/ End Date month year month	/ Total years/mont	ths Hours/Week
	<u> </u>	Monthly Salary:
Number employees supervised Supervise	or's name and title	
Company Name		Phone ()
Describe this work experience		

****************	*******	*****	*************
Start Date/ End Date			Hours/Week
month year n		•	
Job Title		Monthly Sa	lary:
Number employees supervised Superv	isor's name and	title	
Company Name		Phoi	ne ()
Address			
Describe this work experience			
Reason for leaving			
*******************************	******	***********	************
Start Date / End Date month year		Total years/months	Hours/Week
Job Title		Monthly Sa	lary:
Number employees supervised Superv	isor's name and	title	
Company Name		Phor	ne ()
Address			
Describe this work experience			
Reason for leaving			
AGREEMENT			
READ CAREFULLY BEFORE SIGNING.			
investigation of all matters contained in the app this application will cause forfeiture on my part of age, citizenship, licenses, and education, as complete medical examination, which may inclu I understand that all offers of employmen States and that the City of Mountain View is la authorized to work in the United States.	olication materials of all rights of all rights of a may be requested the drug testing, at are conditioned legally required the of Mountain by disabilities. Ca	I. I agree and understand any semployment with the City of Med, and to be fingerprinted/baby a City physician as may be ad upon satisfactory proof of ide by the Federal Government to View to preserve the right to equandidates that may require special	Iountain View. I agree to furnish such proockgrounded. I further agree to submit to a requested. entity and legal ability to work in the United hire only U.S. citizens and aliens lawfully ual employment opportunity for all persons
Signature		Date	

CITY OF MOUNTAIN VIEW HUMAN RESOURCES DIVISION

FRC	DM: Assistant City Manage	r				
SUB	BJECT: ETHNIC IDENTITY FO	ETHNIC IDENTITY FORM				
his/l the a This unlar	ner ethnic identification with the submit pplication prior to application review a information requested is gathered and	ittal of an emp nd kept in a se d summarized	ach applicant the opportunity to voluntarily indicate loyment application. This form will be detached from parate file from the employment application. for nondiscrimination statistical purposes only. It is or give preference to a person for hiring or promotion.			
DATE: POSITION APPLIED FOR:						
PLEA	ASE CHOOSE <u>ONE</u> OF THE FOLLOWI	NG:				
I ide	ntify myself as:					
A: B: C:	Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, or Other Spanish culture or origin, regardless of race) White Black	D: E: F:	Asian or Pacific Islander (Japanese, Chinese, Filipino, Korean, Samoan, or the Indian Subcontinent) American Indian/Alaskan Native Two or more races			
RAG	CE: SEX:		AGE:			
For r	ourposes of this report, the following ca	tegories will be	vused:			
A.		of Mexican, P	uerto Rican, Cuban, Central or South America, or other			
В.	The category "White" (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.					
C.	The category "Black" (not of Hispanic origin): All persons having origins in any of the Black racial group of Africa					

F. The category "Two or more races": All persons having origins in more than one race or ethnicity.

China, India, Japan, Korea, the Philippine Islands, and Samoa.

The category "Asian or Pacific Islander": All persons having origins in any of the original peoples of the

Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example,

The category "American Indian or Alaskan Native": All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community

recognition.

D.

E.

TO:

All Job Applicants